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### Prevalence of “Heat Syndrome” classified by traditional medicine syndrome differentiation in GERD patients



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**Purpose:** We can treat symptoms of GERD effectively by traditional medicine. And empirically we know there are many “heat syndrome” patients in GERD. But we don’t have standard syndrome differentiation questionnaire and don’t know prevalence of each syndrome.

**Methods:** We searched ‘GERD’ and ‘syndrome differentiation’ in CNKI and PubMed for last 10 years article. Then, we selected only clinical trials that categorized patients by ‘syndrome differentiation’ and reported the number of the patients according to each syndrome. Next, we classified them by syndrome differentiation and counted the number of patients according to each syndrome. Next, to survey cause of the disease, we re-classified them by cause of the disease. For instance, if there were letter ‘heat’ or ‘fire’ in the name of each syndrome differentiation, we classified the syndrome into “heat syndrome”. Finally we counted the total number of the “heat syndrome” patients.

**Results:** We could extract data of 1157 patients from 10 years clinical trial that had classified the patients according to syndrome differentiation. There were 22 syndrome patterns in GERD patients. The syndrome appeared most was ‘liver and stomach heat stagnation’ (398pts). And the total percentage of the patients who were classified into heat syndrome was 51.17%.

**Conclusion:** We found that more than half of the GERD patients classified into “heat syndrome” by traditional medicine. Now we are trying to make standard questionnaire of GERD. We could get cut-off score of “heat syndrome” through the work. The prevalence data of “heat syndrome” will be very helpful because we can predict post-test probability with prevalence and cut-off score of “heat syndrome”. Final goal of our research team is conducting a clinical trial to treat GERD by traditional medicine. This study was supported by the Traditional Korean Medicine R&D program funded by the Ministry of Health and Welfare through the Korean Health Industry Development Institute (KHIDI) (No. HI13C0700)

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### Recovery from Chemotherapy Induced Neutropenia treated with Samultanggagambang



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**Purpose:** The purpose of this study is to report a case series of two patients with chemotherapy induced neutropenia who prescribed herbal medicine during their period of hospitalization.

**Methods:** Samultanggagambang was prescribed three times a day to two patients with chemotherapy induced neutropenia. Complete blood cell count is measured before and after administration of samultanggagambang.

**Results:** ANC (Absolute Neutrophil Count) was gradually increased during the administration of samultanggagambang. Case 1 was a 51-year-old female patient. The initial diagnosis was made in December, 2013 with right breast cancer, IIB (pT 2N1M0). Neoadjuvant chemotherapy was administered from December, 2013 to February, 2014. Partial mastectomy was performed on March, 2014. Adjuvant chemotherapy was administered from April, 2014 every three weeks with Docetaxel. The patient was hospitalized on 19, May after second chemotherapy on 12, May. The patient was isolated in single room on 20, May with ANC 340. Filgrastim was administered once and Samultanggagambang was prescribed three times a day. ANC was recovered as 2083 on 26, May. Case 2 was a 46-year-old female patient. The initial diagnosis was made in April, 2014 with advanced gastric cancer, IIIB (pT3N2M0). A total gastrectomy was performed on two weeks later. Adjuvant chemotherapy was administered from May, 2014 every three weeks with Xeloda and Oxaliplatin. The patient was hospitalized on 19, May after first chemotherapy on 15, May. The patient was isolated in multi-bed room on 20, May with ANC 974. Samultanggagambang was prescribed three times a day. Even though, Capecitabine 2,300mg was administered until 28, May ANC was recovered as 3,419 on 2, June.

**Conclusion:** Samultanggagambang has shown benefit in improving chemotherapy induced neutropenia. It is expected to be a promising treatment for improving chemotherapy induced neutropenia and more clinical research will be required for evidence based medicine.

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